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CURRENT ISSUE



COVID-19 and disabled people: perspectives from Iran

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ABSTRACT

This is a Current Issue because, at the time of writing, COVID-19 has affected many countries and territories worldwide and Iran ranked early on as one of the most seriously affected countries. As a result, this pandemic crisis poses a considerable challenge to people with disabilities in Iran. In this short article we show the different challenges people with disabilities are facing during the COVID emergency in Iran. In addition, we provide several recommendations, based on our perspective and experience in Rehabilitation and Health Policy Centres, to improve the situation in the content of the COVID-19 breakout.

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On March 11, 2020, the World Health Organization declared the COVID-19 outbreak as pandemic just about 3 months after its emergence in December 2019 in Wuhan, China. Control of this explosive spread is now a global public health concern. At the time of writing, the strategy to lessen the COVID-19 spread is based on preventive measures (Cascella et al. 2020). By March 31, 2020, COVID-19 affected 200 countries and territories. Iran, with 44,606 confirmed cases, ranked early on as one of the most seriously affected countries. Iranian health authorities and government have adopted plans and policies to lower the virus transmission rate such as public awareness and advice, closure of educational and religious centres and limitation of mass gatherings. The coronavirus pandemic crisis poses a more considerable challenge, however, to people with disabilities. In this paper, we are going to provide a reflection of what is happening to people with disabilities in Iran based on our professional observations and comments we are hearing from some disabled people.

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In a study in 2011, 1.4% of Iranians had at least one type of disability (Moradi et al. 2018). The prevalence of blindness in Iran is about 1% (Afshari et al. 2018). In a population-based study in Tehran, Iran, about 5% of participants reported disabling hearing impairment (Asghari et al. 2017). People with movement disabilities constitute about 10% and 32% of adult, and elderly, Iranian population respectively (Soltani et al. 2015). The prevalence of intellectual disability has been reported about 1.3% in Iran in 2011 (Soltani et al. 2015). Most rehabilitation services in Iran are provided via outpatient rehabilitation clinics. Inpatient rehabilitation facilities are mostly restricted to university hospitals and are almost always fully occupied. Day care and nursing care centres administered by the government, NGOs and private sector are crucial sources of care for people with disabilities after their families. Since the coronavirus pandemic, many of these facilities have reduced their activity in terms of personnel or working hours or even completely closed. Hospitals, clinics and para-clinic centres such as CT scanning, are considered as potential sites for virus transmission.

The Iranian Ministry of Health and Medical Education has collaboratively released "guidance on prevention and control of novel coronavirus (COVID-19) in nursing homes". In some regions, the healthcare system overwhelmed by coronavirus has suspended its routines such as elective procedures. A major proportion of rehabilitation and treatment facilities for disabled people are located in big cities like Tehran. Therefore, due to restrictions of in-city and inter-city transportation that have been introduced as part of the emergency response, direct access of many disabled people to needed interventions has been interrupted. Innovative approaches of tele-rehabilitation that were in use by some centres sporadically are getting particular attention by others for therapeutic, assessment and follow-up purposes. Video-conferencing is used commonly for delivering some types of rehabilitation services and providing consults and instructions. These alternative approaches for the conventional person-to-person methods are very useful and also fortunately feasible with regard to the development of internet infrastructures and widespread use of smartphones and computers throughout Iran.

Public awareness and public education are crucial components for slowing the coronavirus spread. Providing valid and usable informative materials for people with hearing and visual disability (sign language translator, Braille, audio, and electronic formats) regarding the disease and infection control has been a priority for related organizations. A newspaper named *Iran Sepid*, published daily in Braille, covers the coronavirus news. On the other hand, people with different types of disabilities are facing unique issues that should be addressed specifically. For example, the particular reliance of those who are blind on their sense of touch increases their vulnerability to virus transmission in public places, people who are amputees have special

concerns with their prostheses and residual limb hygiene and people with movement disorders may not be able to follow the general personal care precautions independently. Educational materials for these groups and their families/caregivers have been provided.

There is concern that caregivers of disabled people may become ill or be quarantined. Systems for a substitute caregiver, who is completely aware of the needs of an individual disabled person, need to be put in place until complete recovery of the usual care giver. At least a written history of the person with their medical and rehabilitation needs should be provided in case of emergencies.

Poverty and disability are two sides of the same coin all over the world, including in Iran. Moreover, most people's jobs have been affected by the current situation and many families seriously need financial support. Therefore, in addition to providing health services, given the economic downturn and declining income of these doubly affected groups, livelihood support should be offered.

An issue that makes the situation of disabled people in Iran very special is the multilateral trade and economic sanctions which have weakened the capacity of the health care system to respond to normal daily demands let alone those arising through the COVID-19 emergencies. Theoretically, sanctions have exemptions for food and health but disruption of commercial interactions, limitation of transportations and lack of currencies and capital paralyze the healthcare systems. This obliges policy makers to give priority to basic demands; the rehabilitation system and services for people with disabilities do not receive enough attention. Provision of many assistive devices, instruments, materials and services for disabled population has been affected by sanctions before the COVID-19 emergency. So, in addition to political attempts through related channels for removing sanctions, the needs of disabled people must also be included in humanitarian and charity donations opportunities which are exchanged beyond the sanctions at the present time.

The importance of disability statistics should never be underestimated. We do not mean disability statistics just counting the number of disabled people and putting them into specific groups. Extensive information is needed enough to provide for the basic and social needs of persons with disabilities. At all times, medical and rehabilitation services, assistive devices and technology, employment, education, participation, personal and social barriers, transportation, and communications need to be provided for through policy making and through monitoring the outcomes of policies and services. Only with up to date, detailed information, can disabled people in Iran benefit from equity and justice in resource allocation and be supported effectively in national and international plans against crises like the COVID-19 pandemic.

Disclosure statement

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